FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1													
	(See instructions)						Office use only						
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)		nple: If typyir the lines	ng, type	12F	E4M	5	1				
Eureka Politi	cal Action Comn	nittee				ш				шш		ш	
										Ш		ш	
ADDRESS (number and	d street)	5 Wisconsin Ave	nue 			ш				ш		لــــا	
(Check if ac		te 310 East				ш			11	ш		ш	
is changed)	Bet	Bethesda				MD 20				814 _ 3209			
CITY▲ COMMITTEE'S E-MAIL ADDRESS						STAT	Έ <b>Δ</b>		ZIP CODE 📥				
cfs@talentpa													
	<u>,</u>					ш				Щ		ш	
			ш			ш	ш			ш		oxdot	
COMMITTEE'S WEE	B PAGE ADDRESS	(URL)											
						ш				ш		لــــا	
										ш			
2. DATE 0	M / D D /	Y Y 0 0 8 Y											
3. FEC IDENTIFICATION NUMBER C C00390161													
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)													
I certify that I have exar	nined this Statement a	nd to the best of my kno	J	d belief it is tr	ue, correct a	and comp	lete						
Type or Print Name of	f Treasurer	Catherine Kenne	ett										
Signature of Treasure	er Electronically F	iled by <b>Catherine</b>	Kennet	t		Date	<b>0</b>	<b>8</b> /	14	/ Y	ž	) 0 8 O	
NOTE: Submission of t		omplete information may	-	, -	_				of 2 U.S.0	C. S437	g.		
Office Use Only				For further if Federal Elec Toll Free 800 Local 202-69	tion Commis )-424-9530		:		FEC (Revise	FOR ed 12/20			

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